North West **LHIN**

Moving Forward

2009 - 2010 Annual Report

Ontario
Local Health Integration Network

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Our LHIN, Our People

The North West Local Health Integration Network (LHIN) is responsible for planning, integrating and funding many local health services in Northwestern Ontario including hospitals, the Community Care Access Centre, community health centres, long-term care homes, community support service agencies and community mental health and addiction services.

The North West LHIN covers 47% of Ontario's total land mass and is home to 235,046 people (2006), or just 2% of Ontario's population. Our population density of 0.5 people per square kilometre is the lowest in the province.

Our boundaries extend from just west of White River to the Manitoba border and from Hudson Bay in the north to the United States border in the south. Portions of our population live in remote areas (the majority of whom are Aboriginal[1]) with road access only in the winter; others are accessible only by air year-round.

Our communities are spread across 458,000 square kilometres which makes planning, delivering and accessing health services within the Northwest challenging. However, the relationships and innovation in our region create opportunities. Together with our partners, the North West LHIN will make the most of every opportunity as it works toward its vision: *Healthier people, a strong health system – our future.*

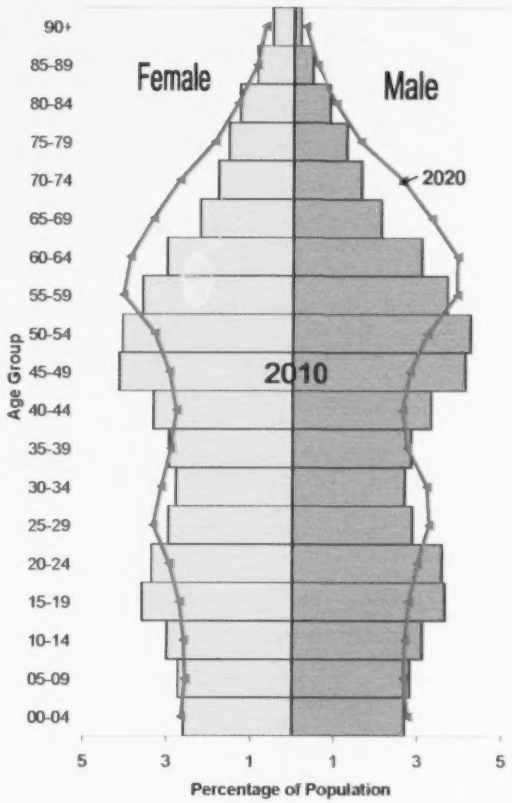
[1] Including First Nations, Métis and Inuit.

- According to the latest Ministry of Finance population estimates and projections based on the 2006 Census, the North West LHIN's population is projected to be 235,443 for 2010 and 232,798 in 2020, a 1.1% decrease. Figure 1 shows the projected change in the age-sex distribution of the Northwest over the next ten years.

- Growth in the population over the age of 55 can be seen by the gap between the line representing the 2020 population and the bars representing the 2010 population. Similarly, you can see the projected decrease in the population aged 5 to 24 years of age.

- A 35% increase in the number of seniors (age 65 and over) living in the North West LHIN is projected over this ten year period.

Figure 1:
Projected Change in the North West LHIN Population 2010 - 2020



The following bullet points highlight some of the differences in the overall North West LHIN census population[2] compared to the province. Within the North West LHIN itself there are variations between sub-LHIN areas and communities.

- 19.2% of those in the Northwest self-identify as Aboriginal. This is the highest of the 14 LHINs and much higher than the provincial average of 2.0%. Of the North West LHIN residents who self-identify as Aboriginal, 15.3% are North American Aboriginal and 3.4% are Métis.

- The proportion of residents who are Francophone is slightly lower than the province as a whole (3.5% versus 4.4%); however, there are variations within the North West LHIN itself (see Table 1).

- We have a higher proportion of residents with lower academic achievement compared to the province: 25.5% of population age 25 and over without a high school graduation certificate compared to 18.7% provincially and fewer having completed post-secondary education (50.8% vs. 57.8%).

Table 1 on the facing page highlights some of the census population characteristics across the North West LHIN.

[2] Statistic Canada Census, 2006

Table 1: Population Characteristics of North West LHIN Sub Areas

2006 Census Indicators	North West LHIN Sub-Area*				Ontario
	Kenora District Area	Rainy River District Area	Thunder Bay City (& Surrounding	Thunder Bay District Area	
Population*	61,510	21,565	122,905	25,825	
% population age 65 and over	11.4%	16.1%	16.0%	11.4%	13.6%
% population age 75 and over	5.0%	8.2%	8.1%	4.5%	6.4%
% Population of Aboriginal Identity	38.4%	21.7%	8.3%	19.9%	2.0%
% immigrant population	6.3%	7.4%	10.5%	6.4%	28.3%
% Visible Minority Population	0.9%	0.4%	2.7%	1.2%	22.8%
% population English Mother Tongue	76.2%	90.2%	84.4%	81.0%	69.9
% population French Mother Tongue	2.6%	1.6%	2.8%	10.9%	4.4%
Unemployment Rate (15+)	8.4%	7.9%	7.4%	11.5%	6.4%
% of Population (age 25+) without high school certificate, degree or diploma	31.7%	26.0%	22.0%	28.6%	18.7%

* Note: Sub-LHIN area census analysis prepared by Health Analytics Branch, Ministry of Health and Long-Term Care, August 2008. North West LHIN population totals may not add up to the aggregation of the sub-LHIN area totals due to restrictions in data availability for a few very small communities.

Population Health Profile

According to the 2007 Canadian Community Health Survey of the North West LHIN regarding residents age 12 and over:

- Fewer of our residents report their health as "excellent" or "very good" (53.1%) compared to the province as a whole (60.0%). The proportion reporting their mental health as excellent or very good in the Northwest was not significantly different than the province overall (70.2% compared to 72.6%).
- Daily smoking and heavy drinking (5 or more drinks on one occasion) rates are significantly higher in the North West LHIN relative to the province, as is the prevalence of being overweight/obese for those age 18 and over (55.7% compared to 50.8%). These risk factors help explain our higher burden of disease.
- Northwest residents report higher than average rates of chronic diseases, including diabetes, heart disease, high blood pressure, arthritis/rheumatism and asthma. This is confirmed by higher mortality rates due to diabetes, circulatory system disease and all causes combined.
- A significant proportion of residents (40.8%, compared to 33.1% provincially) report their activities are limited because of a physical or mental condition or health problem which has lasted or is expected to last longer than six months.
- Fewer of our residents have a regular medical doctor (85.5%) compared to the province (91.0%) and only 74.7% age 12+ have had contact with a medical doctor in the past year, compared to 81.4% provincially.

Based on the most recent mortality and hospitalization data[3]:

- Life expectancy among males and females in the Northwest is the lowest in the province (approximately two years less).
- Between 2002 and 2004 the age standardized rate of deaths due to suicide for Northwest residents was almost double the provincial average (59.5/100,000 population compared to 33.7/100,000) and much higher than in any other region.
- Hospitalization, emergency visit and mortality rates due to diabetes are all notably higher for residents of the North West LHIN compared to provincial rates.

Aboriginal Health

Based on the 2006 Aboriginal Peoples Survey[4]:

- The majority (52%) of off-reserve First Nations (North American Indian) and Métis (58%) adults aged 15 and over living in Ontario rated their health as excellent or very good in 2006.
- Six in ten off-reserve First Nations and Métis adults in Ontario reported that they had been diagnosed with at least one chronic condition. The most commonly reported conditions were: arthritis or rheumatism, respiratory problems, high blood pressure, heart problems or effects of a stroke.

From the 2004 Canadian Community Health Survey which focused on nutrition and involved actual measurements of height and weight:

- The prevalence of overweight/obesity among 19 to 50 year olds in Ontario was much higher among off-reserve Aboriginal people than among non-Aboriginal people (67% compared to 55% for Ontario and western provinces). To a considerable extent, this overall difference reflected higher rates among Aboriginal women; differences between Aboriginal and non-Aboriginal men were not significant.

Francophone Health

Based on the most recent years of the Canadian Community Health Survey (2005 to 2007) for Ontario residents age 12 and over (*Note: sample size was too small to report North West LHIN specific results*):

- Ontario Francophones reported significantly higher rates of arthritis, high blood pressure, asthma and diabetes compared to non-Francophones.
- Ontario Francophones also reported significantly higher rates of obesity (but not being overweight) and smoking but were significantly less likely to have a poor diet (based on number of servings of fruits and vegetables).

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[3] The hospitalization and Emergency Room Visit rates are for 07/08; mortality rates are for calendar years 04 and 05 combined.

[4] The 2006 Aboriginal Peoples Survey (APS) was conducted between October 2006 and March 2007. The survey provides extensive data on Inuit, Métis and off-reserve First Nations children aged 6 to 14 and those aged 15 and over living in urban, rural and northern locations across Canada. The Aboriginal Peoples Survey was designed to provide data on the social and economic conditions of Aboriginal people in Canada (excluding reserves).

- Ontario Francophones reported lower rates of having a regular family doctor or having had contact with a medical professional in the past 12 months compared to non-Francophones.

Number of Health Care Facilities and Programs* Funded by the North West LHIN

As of April 1, 2007, the North West LHIN assumed the responsibility for funding the following:

• Community Care Access Centre	1
• Community Health Centres	2 (1 with 2 satellites)
• Community Mental Health and Addictions Services	64
• Community Support Services	75
• Long-Term Care Homes	14
• Hospitals	13
Total	169[5]

* Note: Accountability agreements are in place for all LHIN-funded programs except long-term care operators, which will enter into their first agreements with the LHINs in July 2010.

[5] The North West LHIN provides funding to 104 health service providers, some of which are funded for more than one program.

Message from the Chair and Interim CEO

Janice D.A. Beazley
Chair

Laura Kokocinski
Interim Chief Executive Officer

As Chair and Interim CEO of the North West Local Health Integration Network (LHIN), we continue to build relationships and partnerships with individuals, groups and communities from across the Northwest.

This year the North West LHIN completed and released our second Integrated Health Services Plan (IHSP) for 2010-2013, with 11 priorities for improvement to the health system in Northwestern Ontario over the next three years. The Board of Directors also finalized its 2010-2013 strategic plan titled *Leading Health System Transformation in Our Communities,* which is being released soon. Health service providers from all sectors were consulted throughout the development of the plan, which provides common vision and directions for the health system for the next three years.

Our community engagement activities grew in 2009/10 with 5,683 individuals engaged at 707 sessions held in the region. We talked with our residents, health service providers and other stakeholders about diabetes care, mental health and addictions, emergency department wait times, alternate level of care and our 2010-2103 IHSP. As well, the LHIN co-hosted two sessions on diversity for service provider boards and senior leaders to learn about cultural issues and some of the innovative strategies being implemented to improve the quality of the care experience for clients and their families.

The North West LHIN was recognized internationally for its community engagement project *Share Your Story, Shape Your Care,* which collected opinions, ideas and stories from health service providers, other stakeholders and the public to support the IHSP. The International Association for Public Participation awarded the LHIN for using innovative practices to involve our communities, including remote and rural, in strategic planning for health care delivery.

An Aboriginal Environmental Scan has been completed that will increase our understanding of the scope and types of programs and services available to Aboriginal people in the Northwest. There was a focus on Aboriginal mental health and addiction services. The North West LHIN Aboriginal Health Services Advisory Committee will be working with us on the findings of the project.

We continue to align our strategies to support the provincial directions of the Ministry of Health and Long-Term Care including alternate level of care (ALC), emergency department wait times, eHealth, diabetes and mental health and addictions.

Chronic disease self management capacity has grown in the North West LHIN. Seventy-five Master Trainers in self management are providing self management sessions for clients with chronic diseases throughout the region.

Our Project Management Office is getting ready to participate in the many eHealth projects that will be taking place as the system prepares for electronic health records. The Ministry's goal is for all Ontarians to have an electronic health record by 2015.

In 2009/10, wait times for MRI and CT scans and cataract surgery were significantly reduced, and the wait time for cancer surgery was among the lowest in the province. The rate of ALC decreased by 1.34% and the wait time for long-term care placement decreased by 44 days.

The North West LHIN has negotiated our first service accountability agreements with all of our service providers except long-term care operators, which will enter into their first agreements with the LHINs in the summer of 2010/11.

A great deal has been accomplished in 2009/10 thanks to the support and cooperation from our health services providers, our advisory teams and working groups, communities and individuals from across the LHIN. All that we do together moves us forward to realizing our vision for the Northwest – *Healthier people, a strong health system – our future.*

Janice D.A. Beazley, CHE
Chair

Laura Kokocinski
Interim Chief Executive Officer

Our Board of Directors

The North West LHIN is governed by an appointed Board of Directors and has an Accountability Agreement with the Ministry of Health and Long-Term Care. It is a skills-based Board with members who possess relevant expertise, experience, leadership skills, and have an understanding of local health issues, needs and priorities.

The Board of Directors is accountable, through the Chair, to the Minister of Health and Long-Term Care for the LHIN's use of public funds, and for its results in terms of goals and performance of the local health system. Directors are appointed by Order-in-Council for a term of one to three years, subject to a six-year maximum.

As of March 31, 2010, the North West LHIN has its full complement of nine Directors.

2010-2013 Strategic Directions

The North West LHIN Board of Directors has finalized its strategic plan for 2010-2013, titled *Leading Health System Transformation in Our Communities*. The plan is based on the Triple Aim Framework (see page 11) and will be released to our health service providers in early summer 2010/11. The plan provides common vision and directions to the LHIN and our health service providers for the health system over the next three years. There are four strategic directions outlined in the plan:

1. Improved health outcomes resulting in healthier people.
2. Access to health care that people need, as close to home as possible.
3. Continuous quality improvement.
4. Well managed resources.

As we work together with our health service providers and partners to achieve the goals in the strategic plan, positive changes will be taking place that will improve people's health, their care experiences, and better utilize and manage available resources.

Mission, Vision and Values

The Mission, Vision and Values for the North West LHIN provide direction and guide our activities.

Our Mission

Develop an innovative, sustainable and efficient health system in service to the health and wellness of the people of the North West LHIN.

Our Vision:

Healthier people, a strong health system – our future.

Our Values:

1. Person-Centered
2. Culturally Sensitive
3. Sustainable
4. Accountable
5. Collaborative
6. Innovative

Members of the Board

Janice Beazley, Chair
Fort Frances

Term: June 1, 2005 to
May 31, 2008
Reappointed to
August 20, 2011

Bob Gregor, Vice Chair
Marathon

Term: May 17, 2006 to
May 16, 2008
Reappointed to
May 16, 2011

Ennis Fiddler, Secretary
Sandy Lake

Term: June 1, 2005 to
May 31, 2008
Reappointed to
June 15, 2011

Kevin Bähm
Terrace Bay

Term: January 5, 2006 to
January 4, 2008
Reappointed to
January 30, 2011

Judy Morrison
Fort Frances

Term: May 17, 2006 to
June 16, 2007
Reappointed to
June 16, 2010

Thomas (Tom) Sarvas
Thunder Bay

Term: April 2, 2008 to
April 1, 2011

Dianne Miller
Thunder Bay

Term: November 18, 2009 to
November 17, 2012

Gary Phillips
Thunder Bay

Term: November 18, 2009 to
November 17, 2012

Joy Warkentin
Thunder Bay

Term: January 27, 2010 to
January 26, 2013

Integrated Health Services Plan

Priorities for Change to the Health Care System in Northwestern Ontario

The North West Local Health Integration Network (LHIN) released its second *Integrated Health Services Plan* (IHSP) in November 2009 identifying 11 local and provincial priorities for health system improvements in Northwestern Ontario over the three years (2010-2013) and the plans to address the priorities.

The IHSP was developed using information gathered through significant community engagement with residents and health care professionals, as well as from local data and a variety of supporting documents. Advice was provided to the LHIN through our community engagement activities and education sessions, roundtables and our many Advisory Teams. Our largest single engagement project in 2009 was our *Share Your Story, Shape Your Care* initiative, which gathered opinions, stories and ideas from over 800 people on priorities for change to the health system in Northwestern Ontario

The priorities in our second IHSP are focused in three primary areas: Access to and Integration of Services; Enablers; and People of Northwestern Ontario.

Access to and Integration of Services:

- Emergency Department Wait Times & Alternate Level of Care
- Primary Care
- Specialty Care & Diagnostic Services
- Chronic Disease Prevention & Management
- Long-Term Care Services
- Mental Health & Addictions Services

Enablers (*factors that support the priority implementation plans*):

- Health Human Resources
- eHealth
- Integration of Services along the Continuum of Care

The plan reflects the People of Northwestern Ontario with attention to:

- Aboriginal Health Services and,
- French Language Health Services

To support quality improvement in LHIN activities and health system redesign, the North West LHIN has initiated use of the Institute for Healthcare Improvement's Triple Aim Framework. Triple Aim is the simultaneous pursuit of improvement in population health, patient experience and value for money. Through the Triple Aim framework, the North West LHIN will be able to evaluate its projects to ensure they are meeting the needs of our communities.

This model of quality improvement aligns with other rapid improvement cycle initiatives (e.g. PDSA - Plan, Do, Study, Act) that are being used by many health service providers in the Northwest. Ongoing communication and education sessions are planned with health service providers to support understanding and adoption of the Triple Aim Framework

Health System Advancements in 2009/10

The 2010-2013 IHSP is not a new plan; rather it builds on the findings and accomplishments of our first IHSP which guided our activities from 2007 to March 31, 2010. Here is a summary of the key issues and the progress made in 2009/10 in each of the 10 priority areas included in our first IHSP:

Access to Primary Health Care

Access to primary care is a priority for the LHIN. Inability to access a regular primary care provider results in high rates of walk-in clinic use, visits to the emergency department for non-emergent reasons and challenges with chronic disease management. The North West LHIN has the highest unscheduled emergency department visit rate of all LHINs at 224 per 1000 population.

We continue to engage primary care providers working in various settings across the North West LHIN including clinics, community health centres, aboriginal health access centres, family health teams and the nurse led outreach team in Thunder Bay. We have also begun to engage those planning for the nurse practitioner clinics and family health teams scheduled to open in 2010/11:

- Two Family Health Teams (FHT) have been announced: one in Nipigon and one in Manitouwadge. This will bring the total FHTs in the North West LHIN to 14.
- Two Nurse Practitioner-Led Clinics have been announced for the North West LHIN. Both clinics, one in Thunder Bay and the other at Anishnawbe Mushkiki Aboriginal Health Access Centre are to open in 2010.

The HealthCareConnect program operated by the North West Community Care Access Centre has helped refer 21% of registered individuals (unattached patients) to health care providers in the community of Thunder Bay.

Chronic Disease Prevention and Management

Helping people to manage their chronic conditions independently is an important chronic disease prevention and management (CDPM) strategy in the North West LHIN.

We are working to advance Ontario's CDPM Framework in the Northwest. Over 200 people with diabetes, cardiovascular disease, arthritis and lung disease benefited from self management sessions offered across the region. Participants learned about medication management, nutrition, exercise and stress management in relation to their respective conditions. Completion of the program results in increased independence and fewer acute incidents leading to hospital visits.

Self management capacity amongst health service providers continues to build. Education sessions were well attended in communities throughout the North West LHIN. Health service providers in attendance indicated that they gained important skills to better support clients in their efforts to self manage. Recognition of the clients' ability to self manage represents a significant move forward for many clinicians.

Four new diabetes teams are in the early stages of development across the North West LHIN as implementation of the Ontario Diabetes Strategy continues. Each team consists of nurses and dieticians with special training in diabetes care. The new teams will support high risk populations, including

Aboriginal people, to better manage their diabetes. In addition, a program to provide mobile primary care services to under serviced areas will begin in July 2010.

Peritoneal dialysis (PD) is being introduced in long term care homes. Bethammi Nursing Home in Thunder Bay is preparing to provide PD to appropriate residents. Increasing the number of people receiving dialysis in a home environment is a priority for the Ministry of Health and Long Term Care. Home hemodialysis and peritoneal dialysis are also being advanced through Thunder Bay Regional Health Sciences Centre. This improves the quality of life for people by eliminating the need to travel.

Access to Specialty Care/Diagnostics

Improving access to specialty services for individuals in the North West LHIN will:

- Reduce unnecessary visits to specialists
- Reduce wait times to specialists, and
- Reduce barriers to accessing specialists geographically.

The North West LHIN is one of the highest users of telemedicine to provide services to smaller rural and remote northern communities and to support care close to home. Various telemedicine initiatives continue to be supported: Tele-Psychiatry; Tele-Ophthalmology; Stroke Management; Cardiac rehabilitation; and Tele-rehab. Tele-consultation services are also provided by many of the specialists such as Oncology and Surgery.

Visiting specialist clinics provide consultation and follow-up care in many communities throughout the region, and mobile services provide residents across the Northwest with access to diagnostic and therapeutic services. Some examples of these services include eye screening, breast screening, and rural geriatric primary care outreach through the Mary Berglund clinic and the NorWest Community Health Centres` Mobile Unit.

The North West LHIN, our Critical Care Lead and key stakeholders were involved in the development of the Moderate Surge Capacity Plan as part of its pandemic/disaster planning process for the Northwest. The plan outlines how Critical Care services will be maintained 24 hours per day/7 days per week when the demand for available critical care resources exceeds supply. One component of the plan includes an eICU consultation service that will be offered by the tertiary care centre to outlying regional community hospital sites to support the management of critical care patients until they are transported out of the community. The plan will be shared broadly with health service providers.

Before and during the H1N1 flu season, we met with public health to keep abreast of its information, activities and immunization rates. We worked with our health care partners to ensure they were being kept up to date.

The Emergency Department LHIN lead has been actively involved in meeting with regional emergency physicians and key stakeholders at hospital sites to discuss use of common protocols and procedures; staffing challenges and emergency department wait times. The focus is to maintain access to emergency services across all sites in the North West LHIN.

Mental Health and Addictions

Improving access to and coordination of mental health and addictions services improves quality of life and care for those requiring service. It also helps prevent people's conditions from getting worse, resulting in longer term medical needs and social problems.

The GAPPS (Getting Appropriate Personal and Professional Supports) program, a three year pilot project, is exceeding its targets for client contacts and registrations. The program provides outreach, engagement, support, system navigation and clinical services to vulnerable persons (e.g. homeless) in Thunder Bay with serious, unstable and complex mental illness, addictions and health issues. Data so far shows:

- 426 clients have been registered (target was 300).
- There have been 1848 contacts with registered clients and an additional 2184 contacts with clients who did not register with GAPPS (target was 1500).
- One detox centre in Thunder Bay is reporting a 40% reduction in clients being sent to the emergency department as a result of this program.
- There has been a significant increase in meeting clients' needs in the areas of: treatment for drugs and alcohol use; housing/accommodation; physical health; psychotic symptoms and psychological distress.

The program started with three partners. Many other partners have since become involved.

The North West LHIN obtained approval and secured funding for the establishment of a web-based portal for mental health and addictions health care providers to securely share and access client information electronically. Thunder Bay Regional Health Sciences Centre, St. Joseph's Care Group, Canadian Mental Health Association (Thunder Bay Branch) and Alpha Court are involved in the project.

As first steps of the project, the North West LHIN is planning for the Ontario Common Assessment of Need (OCAN) and the Integrated Assessment Record (IAR). These are the building blocks to establishing the portal. The OCAN is an assessment tool that will capture individuals' needs and help match them to existing services. It will also help identify gaps in service. This information will be aggregated in the IAR, a central repository for each client's history of health care and assessments. This will ensure that consistent and accurate information is accessible on a client, regardless of where the client is receiving care (community, hospital, mental health centre).

Long-Term Care

Services which support seniors to age at home remain a priority. Hundreds of seniors continue to benefit from a number of initiatives approved by the North West LHIN Board (see Table 2). New and enhanced programs offer more community supports to our seniors, enabling them to stay in their homes longer and reduce Emergency Department visits and hospital admissions. The initiatives, funded through the Aging at Home Strategy and Urgent Priority Fund, cover a broad range of services across the continuum of care.

Planning for the Centre of Excellence for Integrated Seniors Services (CEISS) has evolved. The project was officially launched at a groundbreaking event held in late 2009 and is scheduled to open in 2012. The CEISS Steering Committee and its four working groups (Community Supports, Communications, Supportive Housing and Behavioural Health), including LHIN staff, continue to meet to move the project forward.

The CEISS will include 64 regional behavioural health program beds. Planning continues for these beds, which will provide specialized services and care for senior clients from throughout the Northwest who exhibit responsive behaviours and are eligible for placement in the long-term care setting. The model of care delivery is being designed using best practices.

Table 2: Seniors Initiatives Implemented in 2009/10

North West LHIN – Wide	
North West LHIN Wide Falls Prevention Project - Residents First	The North West LHIN is an early adopter in *Residents First*, a provincial quality improvement project. Long-term care homes across the region are participating. This initiative builds on the work of the North West LHIN-Wide Falls Prevention Project. The aim of *Residents First* is to reduce the number of falls amongst seniors, resulting in harm. It is a joint initiative between the North West LHIN, The Ontario Health Quality Council and 32 organizations in the Northwest.
Principles of Physical Rehabilitation: A Training Workshop for Personal Support Workers in Remote First Nations Communities	Thunder Bay Regional Health Sciences Centre was funded to provide training in physical rehabilitation to personal support workers in 15 remote First Nations communities, bringing rehab support to seniors in their home communities through the use of technology.
First Link	First Link is an innovative approach to linking individuals diagnosed with Alzheimer's disease or a related dementia and their caregivers to a community of coordinated learning services and support in Kenora and Thunder Bay. This project is led by the Alzheimer Society of Thunder Bay and the Alzheimer Society of the Districts of Kenora/Rainy River.
Thunder Bay District	
Family Directed Respite Service for Seniors in the District of Thunder Bay	Wesway expanded its service, providing respite to more caregivers of frail seniors in the District of Thunder Bay. The program has provided 11,800 hours of respite services to 62 families in 15 communities in the North Shore and Greenstone areas. Respite services didn't previously exist in these areas.
Programs for Community Living	A flexible basket of services was provided to seniors based on their unique needs, enabling them access to multiple services such as Meals on Wheels and transportation through a single access point in the communities of Terrace Bay, Schreiber and Marathon. The programs are offered through The McCausland Hospital and Wilson Memorial General Hospital.
North Shore Med Express	A medical transit bus provided transportation between Manitouwadge to specialized services and medical appointments in Thunder Bay through the Manitouwadge Health Centre.
Gull Bay First Nation Gardening Program	A gardening program supported seniors in the remote First Nation of Gull Bay to remain active in the community. Remote northern communities lack community support services such as physiotherapy. Maintaining mobility and exercise through this program helped prevent functional decline of the participants.
Thunder Bay	
Seniors Maintaining Active Roles Together	This program offered physical activity support to frail seniors who are housebound in the community. The service was provided by the Victorian Order of Nurses.
Nurse-led Outreach Team	A nurse-led outreach team was established through Thunder Bay Regional Health Sciences Centre to provide clinical support to residents in long-term care homes, thereby preventing transfer to acute care. From October 2009 to March 31, 2010, the long-term care homes involved have seen a 30% reduction in admission to hospital and a decrease in avoidable transfers to the emergency department.
Smooth Transitions: A Home Discharge Plan	Saint Elizabeth Health Centre helped 614 seniors settle in at home safely from hospital with the supplies and services they require.
Home Maintenance & Repair and Congregate Dining	Close to 300 seniors received homemaking, maintenance and repair work (including snow shoveling), and congregate dining services from the Canadian Red Cross Society in Thunder Bay.
Enhancement and Expansion of Respite Services	Wesway increased its respite services in Thunder Bay to 37 existing clients and added 47 new clients.
Meals on Wheels	The City of Thunder Bay Meals on Wheels program provided regular meal service to 544 individuals during the year.

Network of Individualized Community Enhancements (NICE) Fund	Administered by the North West Community Care Access Centre, NICE funding was provided to four LHIN-funded organizations to support 18 senior clients who temporarily requested a higher level of care.
Supportive Housing Enhancement	Additional personal support worker services were provided for over 200 residents of Jasper Place and P.R. Cook to help them remain in supportive housing rather than having to be moved to long-term care.
System Navigator at Seniors' Apartments	Through the North West Community Care Access Centre, a System Navigator worked with 1241 seniors' apartments in Thunder Bay to provide early identification and intervention for "at risk" seniors to help them remain healthy at home.
Kenora District	
Supportive Housing	Funding for enhanced services for six supportive housing units was provided in the community of Sioux Lookout through the Board of Management for the District of Kenora Homes for the Aged. Twenty enhanced supportive housing units were established in Benidickson Court in Kenora.
Community Living and Instrumental Activities of Daily Living	Additional community supports were provided to support seniors to age at home through the Patricia Region Seniors Services Inc.
Foot Care Training for Health Care Workers	Foot care training was provided for personal support workers and community health workers in the First Nations communities of Naotkamegwanning and Wabaseemoong.
Rural Geriatric Primary Care Outreach Program – Mobile Unit	Primary care was offered to seniors in Ignace and outlying isolated communities through the Mary Berglund Community Health Centre, thereby supporting them to age at home.

eHealth

A new provincial agency, eHealth Ontario, was created to take the lead role in harnessing information technology and innovation to improve patient care, safety and access in support of the government's health strategy. The North West LHIN has advanced a number of regional eHealth initiatives to align the Northwest with eHealth Ontario's strategic directions.

eHealth capability at the LHIN was enhanced with the creation of an eHealth "*Getting Ready*" tactical plan, the creation of a North West LHIN Project Management Office (PMO), and the appointment of a full-time eHealth Project Manager and Chief Information Officer to carry out the eHealth Lead role at the LHIN.

eHealth capacity in the region was also enhanced. The LHIN and its PMO have contributed to a number of successful regional eHealth projects such as:

- the initiation of a LHIN-wide clinical provider portal
- the development of a LHIN-wide project management toolkit
- the initiation of project management training for health service providers
- the initiation of an eHealth Shared Support Services Feasibility Study
- the completion of phase one of an electronic diabetes registry and management tool
- enhancements to the regional information and communication technology infrastructure
- the implementation of ePhysician initiatives
- the initial implementation of a patient-resource matching and eReferral project
- the creation of new network management services

- the creation of new privacy and security resources
- the expansion and upgrade of eHealth Ontario ONE Network
- an increase in eHealth engagement and outreach

The North West LHIN is refreshing its eHealth strategic and tactical plans to ready itself for involvement in upcoming provincial eHealth pilot projects and to benefit from eHealth solutions for our region as soon as possible.

Integration Along the Continuum

Clinical integration activities are advancing through initiatives such as the LHIN-Wide Falls Management and the LHIN-Wide Wound Management programs. Both programs are great examples of how service providers across sectors of the health care system can work together to better coordinate care, achieve greater consistencies in clinical practice and, where appropriate, standardize and adopt assessment, documentation and communication tools to make clinical improvements system wide.

These two initiatives align with the Integrated Health Services Plan and improve system performance related to reducing unscheduled visits to the Emergency department, diverting admission to hospital and preventing premature admission to long-term care. By improving clinical practice across health care sectors, the goal is to optimize the patient care experience and improve population health while reducing health care costs.

An integrated approach to care is also evident in the pilot program "Getting Appropriate Personal and Professional Supports" (GAPPS) being delivered in Thunder Bay (see page 14). This initiative has highlighted challenges with clinical service integration related to health human resource practices, shared resource costs, lack of common electronic health records and lack of common assessment tools. The three organizations that initiated the program are now involved in a pilot to create a common electronic health record.

During 2009/10, the North West LHIN continued to build capacity and awareness about the types of integration activities under the Local Health System Integration Act. Regular communication with boards, advisory teams, committees and health services providers includes dialogue about system integration. We also received valuable information from the 800+ participants in our *Share Your Story, Shape Your Care* survey outlining how services can be further streamlined and integrated. This feedback has been incorporated in the IHSP for 2010–2013 and will form the basis for future discussions.

French Language Services

The regulation creating the Francophone Planning Entities was publicly announced in January 2010. The regulation calls for these entities to be named by the Minister of Health and Long-Term Care by July 1, 2010. The Planning Entities will provide advice and input to LHINs regarding engagement with the Francophone community and identification of health service needs and integration of French language health services.

Throughout the year the North West LHIN met regularly with Francophone organizations and stakeholders. The perspective of the Francophone community is also provided through membership on LHIN Advisory Teams and has been incorporated in our 2010-2013 Integrated Health Services Plan.

Engagement with Aboriginal People

The North West LHIN established the Aboriginal Health Services Advisory Committee in the fall 2009. This committee will provide the LHIN with advice regarding Aboriginal health services and issues that impact the health of Aboriginal people in Northwestern Ontario.

The North West LHIN continues to meet with the Aboriginal health directors on a biannual basis to discuss health care priorities. The LHIN has also met with several Aboriginal groups and communities to provide information about the LHIN, its mandate and to discuss health care issues, both on and off reserve.

An Environmental Scan was completed that will increase our understanding of access issues and the scope and types of programs and services available to Aboriginal people in the Northwest. The scan contains an inventory of the existing services and programs, and information on the health status of Aboriginal people in the North West LHIN. The scan also includes recommendations related to Aboriginal mental health and addiction services that will assist the LHIN in its future planning. These projects involved extensive community engagement with Aboriginal communities, groups and organizations.

Several initiatives have been introduced to address Aboriginal health issues in the Northwest:

- Two new Diabetes Education Teams have been announced to work exclusively with Aboriginal people – one at the Gizhewaadiziwin Health Access Centre in Fort Frances and a second at Anishnawbe Mushkiki Health Access Centre in Thunder Bay. The teams (registered nurse and a dietitian working with physicians and other diabetes care experts) will help individuals to better manage their diabetes and avoid diabetes-related complications. A nurse practitioner clinic will also be opening at Anishnawbe Mushkiki in Thunder Bay in 2010. These initiatives will improve the access to primary care services for Aboriginal people in the North West LHIN.

- The North West LHIN co-hosted two sessions, *Diversity: A Value Added Dimension to our Health System* with Sioux Lookout's Meno Ya Win Health Centre (Sioux Lookout, 2009) and with Gizhewaadiziwin Health Access Centre Boards of Directors (Fort Frances, 2010) for health care leaders and other interested stakeholders. The sessions focused on learning about diversity and some of the innovative strategies being implemented in the North West LHIN. Sessions are being planned in Nipigon and Thunder Bay as well, with a future goal of having diversity addressed in health service plans and accountability agreements in the next three years. This strategy will address cultural issues within the LHIN and improve the quality of the care experience for clients and their families.

Health Human Resources

The LHIN hosted a number of discussions to address interprofessional care with providers from various sectors in communities across the region, the results of which are included in the report on our website: *What Makes a Successful Interprofessional Team? Views from Health Service Providers in Northwestern Ontario*. Information from this report has supported application processes and follow-up work with providers in the implementation of new models of care.

Physician coverage within the Emergency Department (ED) remains a priority and was supported this year through the completion of the Emergency Department Study (including a survey of physicians to forecast vacancies and coverage for the next five years). ED coverage is monitored weekly by the LHIN in partnership with local hospitals. A regional locum pilot project was started by our LHIN ED Lead in

2008, where emergency physicians from Thunder Bay Regional Health Sciences Centre travel to hospitals in Dryden, Fort Frances and Kenora to provide locum coverage. The project has ensured 24 hour/7 days a week access to emergency services across the region.

The North West LHIN continues to build on the progress made in 2009/10 as we work with our health service providers and partners on the 11 priorities in our 2010-2013 IHSP. Together, we are committed to improving the quality of and accessibility to health care services for the residents of Northwestern Ontario and achieving the North West LHIN's vision ***Healthier people, a strong health system—our future.***

Community Engagement Activities

Engaging Our Communities

Community engagement provides information that is used when identifying health system priorities, innovations to overcome challenges and opportunities to develop new partnerships, and to work together to meet the health care needs of the residents of Northwestern Ontario.

In 2009/10, the North West LHIN engaged over 5,683 individuals at 707 sessions across the Northwest including forums, roundtable discussions, meetings, workshops and training, and surveys. Given the interconnectedness of our health system, stakeholders include health service providers; community members and leaders; educators; municipal, provincial and federal government officials; other ministries and jurisdictions; and other funding agencies.

Engagement focused on issues such as developing the North West LHIN's 2010-2013 Integrated Health Services Plan (IHSP), addressing mental health and addictions issues, emergency department wait times and alternate level of care issues, diabetes services and updates on LHIN activities. The LHIN shares information broadly through presentations, our newsletter *LHINkages* and the website.

To increase the reach of our engagement, the North West LHIN continues to build on its innovative delivery and collection of information. Our *Share Your Story, Shape Your Care* community engagement project (to inform our 2010-2013 IHSP) received the Innovation Using Technology Award in 2009 from the International Association for Public Participation, which recognizes those using information communication technologies in public participation. Winning this award brings attention to the priority we place on community engagement and the role our community members and health service providers have in identifying priorities and improving the health system in Northwestern Ontario.

The LHIN held six videoconference speaker series sessions featuring experts in a variety of areas, which are archived on the North West LHIN website. Meetings and forums are frequently offered by

videoconference and/or webinar, and full presentations from a number of forums and conferences are available online via YouTube, increasing accessibility to those across Northwestern Ontario's vast geography.

The North West LHIN hosts a number of advisory teams, committees and work groups to advance the priority areas identified in the IHSP. We work with individuals, groups and organizations in and outside of Northwestern Ontario and partner with health service providers in a number of ways, including those who are not funded by the LHIN such as public health units, Emergency Medical Services, the Northern Ontario School of Medicine, Lakehead University, Confederation College, physicians and provincial programs.

We will continue to engage stakeholders from across the LHIN in planning, integration, priority-setting and decision-making processes, and work with partners in other LHINs and jurisdictions on advancing the quality of and access to health care services in the Northwest. The North West LHIN is committed to ongoing engagement with health service providers, stakeholders and the public to seek knowledge and input that improves the patient/client care experience.

Integration Activities

In 2009/10, five voluntary integration activities took place relating to back office support or administration. These integrations were undertaken to reduce administrative burden, better align accountability for the providers and to maintain the quality of care in the communities. Clinical integrations are also taking place that are improving access to services for mental health and addiction clients (GAPPS program), the safety of seniors (North West LHIN-Wide Falls Management Program) and the flow of Alternate Level of Care patients from hospital (Flo Collaborative Spread Strategy). The North West LHIN continues to discuss and explore integration opportunities with its health care partners to enhance the patient/client experience.

Ministry-LHIN Accountability Agreement (MLAA)

The North West Local Health Integration Network (LHIN) and the Ministry of Health and Long-Term Care have negotiated and signed an accountability agreement which defines the obligations and responsibilities of both the LHIN and the Ministry for the period 2007/08 to 2009/10. The agreement includes a number of schedules which outline how the LHIN is to carry out activities related to areas such as Community Engagement, Planning and Integration; Local Health System Management; Financial Management and Local Health System Performance and eHealth.

This type of agreement is mirrored in the accountability agreements that LHINs have already negotiated or are in the process of negotiating with health service providers such as hospitals, multi-sectoral agencies and the long-term care sector.

Report on MLAA Performance Indicators

The Ministry-LHIN Accountability Agreement (MLAA) for 2009/10 sets out performance indicators and performance targets for the local health system. By setting these targets, the LHIN and Ministry are working towards improving the local health system performance and supporting the achievement of provincial targets.

In 2009/10, the LHIN improved on its performance as compared to the previous year, reducing the wait for cataract surgery at the 90th percentile from 130 days down to 106 days. Wait times for MRI and CT scans were among the best in Ontario, with the wait at the 90th percentile going from 71 and 29 days to 35 and 24 days respectively. In the area of cancer surgery, the LHIN continues to be one of the top performers in the province with a wait at the 90th percentile of 40 days. In 2009/10, the LHIN experienced an increase in wait times for hip and knee replacement with wait times increasing from 212 and 189 days to 221 and 315 days respectively. In order to address this increase, the LHIN met with hospital providers and surgeons and developed a strategy aimed at reducing wait times for joint replacement surgery.

The LHIN saw a decrease in the rate of Alternate Level of Care (ALC) patients in hospital in 2009/10 from 18.20% to 16.86%. This decrease was achieved despite a change in the provincial definition of ALC in July 2009 that resulted in more patients being considered ALC. This improvement cannot be attributed to a single initiative, but rather to a multi-pronged approach with an overall focus from both the LHIN and health service providers towards making ALC reduction a priority.

The reduction in the rate of ALC directly correlates to the improvement realized by the LHIN in the area of wait times for long-term care (LTC) placement. In 2009/10, the LHIN saw the median time to placement decrease from 183 days to 139 days. This decrease was driven primarily by specific initiatives and changes in programs in community services aimed at allowing seniors to age in the community rather than being placed in LTC.

In 2009/10 Emergency Department (ED) wait times were added as a performance metric in the MLAA. The North West LHIN realized strong results for non admitted patients with 90% of both low and high acuity patients being treated within provincial targets at Thunder Bay Regional Health Sciences Centre under the ED Pay for Results initiative. In 2009/10, the LHIN saw a decrease in performance for admitted patients with 44.6% of the patients being admitted within 8 hours. The decline in performance is attributed to an overall increase in the number of visits to the ED and high numbers of patients waiting as ALC in hospital.

Table 3 outlines indicators measured in the North West LHIN in 2009/10.

Table 3: North West LHIN MLAA Performance Indicators Fiscal Year 2009/10

Performance Indicator	LHIN 09/10 Starting Point	LHIN 09/10 Target	Most Recent Quarter 2009/10	Annual Results	LHIN Met Target Yes/No
1. 90th Percentile Wait Times for Cancer Surgery*	46 Days	45 Days	35 Days	40 Days	Yes
2. 90th Percentile Wait Times for Cataract Surgery*	130 Days	130 Days	118 Days	106 Days	Yes
3. 90th Percentile Wait Times for Hip Replacement*	212 Days	182 Days	221 Days	211 Days	No
4. 90th Percentile Wait Times for Knee Replacement*	189 Days	182 Days	315 Days	246 Days	No
5. 90th Percentile Wait Times for Diagnostic MRI Scan*	71 Days	28 Days	35 Days	43 Days	Yes
6. 90th Percentile Wait Times for Diagnostic CT scan*	29 Days	28 Days	24 Days	28 Days	Yes
7. Median Wait to Long-Term Care Home Placement - All Placements*	183 Days	140 Days	171 Days	139 Days	Yes
8. Percentage of Alternate Level of Care Days - by LHIN of Institution**	18.20%	13.00%	16.81%	16.86%	No
9. Proportion of Admitted patients treated within the LOS target of ≤ 8 hours*	54.00%	61.00%	48.59%	44.62%	No
10. Proportion of Non-admitted high acuity (CTAS I-III) patients treated within their respective targets of ≤ 8 hours for CTAS I-II and ≤ 6 hours for CTAS III*	88.00%	96.00%	90.60%	89.91%	No
11. Proportion of Non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of ≤ 4 hours *	89.00%	94.00%	89.16%	89.46%	No

* Fiscal Year 2009/10 LHIN Annual Results = Actual Annual Performance Value from Apr 2009 to Mar. 2010.

** Q4 %ALC days is estimated based on Q1, Q2, & Q3 2009/10 Data. Fiscal Year 2009/10 LHIN Annual Results are also estimated based on Q1-Q4 2009/10 Data.

LHIN Initiatives in Support of Ministry Priorities

Emergency Department Wait Times and Alternate Level of Care

One of the greatest health care challenges facing the North West LHIN is the increasing numbers of Alternate Level of Care (ALC) patients occupying acute care beds. A contributing factor to the ALC situation is that community options are not always readily available to promote care in the most appropriate setting. This creates pressures in the emergency department (ED) when the next patient needs to be admitted and no beds are available in the hospital.

The North West LHIN has worked with health service providers to focus efforts on reducing Alternate Level of Care days and ED wait times and continues to pursue opportunities or initiatives that will have the greatest impact on the system.

The ED/ALC Strategy of the North West LHIN is a multi-pronged strategy to address Emergency Department Wait times and reduce Alternate Level of Care Days. Key initiatives implemented during 2009/10 include:

- Eight new initiatives were implemented at Thunder Bay Regional Health Sciences Centre (TBRHSC) to reduce emergency department (ED) wait times as part of the ED Pay-for-Results program. Over the past fiscal year, TBRHSC has demonstrated improvements in 2 of the 3 performance indicators, achieving 91% in ED wait times <8 hours for high acuity non-admitted patients and 94.1% in ED wait times <4 hours for low acuity non-admitted patients.

- The Emergency Department Performance Improvement Program (ED PIP) was also initiated at Thunder Bay Regional Health Sciences Centre. TBRHSC has been chosen as one of five sites in the province in 2010-2011 to showcase the various initiatives undertaken through the ED PIP process.

- The Flo Collaborative Spread Strategy was expanded to two additional sites in the region. These sites focused efforts on improved discharge planning within their respective settings, reducing alternate level of care days and process improvements across the organizations.

- The ED/ALC strategy also focused on increasing community supports such as Supportive Housing, Instrumental Activities of Daily Living, transitional care bed capacity, interim long-term care bed capacity, and increased homemaking services with a focus on high-risk seniors in the community (e.g. programs such as Intensive Case Management and Home to Wait Program).

North West LHIN Special Initiatives

Regional Emergency Department Study

The Regional Emergency Department (ED) Study was completed and recommendations from this study were reviewed by the North West LHIN Board of Directors, the ED Advisory Team and System Integration Committee. A working group has been established to move the recommendations forward. Key areas of focus include development of the vision, mission and values for regional emergency services; advancing the concept of common medical directives for emergency departments using existing

tools; assessing the current state of health human resources to support ED services; and the implementation of repatriation policies. The ED LHIN Lead is integrally involved in moving this initiative forward.

Research

The following research documents were completed in 2009/10:

Two Environmental Scans:

- *Aboriginal Health Programs and Services Analysis and Strategies* (see page 18)
- *Chronic Disease Prevention and Management in the North West LHIN*

Report on Interprofessional Care

- *What Makes a Successful Interprofessional Team? Views from Health Service Providers in Northwestern Ontario* (see page 18)

North West LHIN's Operational Performance

The LHIN continues to staff up to its full complement. Recruitment for a North West LHIN Project Management Office has begun in order to ensure strong project management capacity within the organization. In addition, the LHIN has increased its capacity with respect to managing procurement processes in order to ensure best use of public funds in an equitable and transparent manner.

The total number of staff as at March 31, 2010 was 26. The North West LHIN operational budget was $6,509,924.

Financial statements of

North West Local Health Integration Network

March 31, 2010

North West Local Health Integration Network

March 31, 2010

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Auditors' Report

To the Members of the Board of Directors of the
North West Local Health Integration Network

We have audited the statement of financial position of the North West Local Health Integration Network (the "LHIN") as at March 31, 2010 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the North West Local Health Integration Network as at March 31, 2010 and the results of its operations, its changes in its net debt and its cash flows for the year then ended, in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
April 23, 2010

North West Local Health Integration Network

Statement of financial position
as at March 31, 2010

	2010	2009
	$	$
Financial assets		
Cash	**2,068,416**	1,470,670
Due from Ministry of Health and Long Term Care ("MOHLTC") Health Service Provider ("HSP") transfer payments (Note 9)	**555,356**	1,579,880
Due from MOHLTC - Internal LHIN Project Funding	**90,000**	-
Due from Hamilton Niagara Haldimand Brant LHIN	**12,057**	-
	2,725,829	3,050,550
Liabilities		
Accounts payable and accrued liabilities	**1,064,569**	1,020,593
Due to HSPs (Note 9)	**555,356**	1,579,880
Due to MOHLTC (Note 3)	**1,110,536**	417,798
Due to the LHIN Shared Services Office (Note 4)	**1,971**	32,279
Deferred capital contributions (Note 5)	**99,613**	169,775
	2,832,045	3,220,325
Commitments (Note 6)		
Net debt	**(106,216)**	(169,775)
Non-financial assets		
Capital assets (Note 7)	**99,613**	169,775
Prepaid expenses	**6,603**	-
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

North West Local Health Integration Network

Statement of financial activities
year ended March 31, 2010

	Budget (unaudited) (Note 8)	2010 Actual	2009 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSPs transfer payments (Note 9)	**552,993,600**	**567,492,550**	542,638,165
Operations of LHIN	**4,859,600**	**4,864,099**	4,841,175
Aboriginal Community Engagement (Note 11)	**160,000**	**160,000**	160,000
E-Health (Note 12)	**600,000**	**655,000**	600,000
Emergency Department ("ED") LHIN Lead (Note 13)	-	**75,000**	75,000
Ontario Diabetes Strategy ("ODS") (Note 14)			
ODS Service Expansion	-	**66,500**	224,700
ODS High Risk Populations	-	**54,500**	-
ODS Self-management Capacity Building	-	**35,000**	-
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead (Note 15)	-	**100,000**	33,300
Aboriginal Health Transition (Note 16)		**422,125**	165,625
Francophone Community Engagement (Note 17)	-	**77,700**	-
70% Full Time Nursing Initiative (Note 18)	-	-	42,750
Amortization of deferred capital contributions (Note 5)	-	**162,855**	182,536
	558,613,200	**574,165,329**	548,963,251
Expenses			
Transfer payments to HSPs (Note 9)	**552,993,600**	**567,492,550**	542,638,165
General and administrative (Note 10)	**4,859,600**	**4,752,093**	4,895,161
Aboriginal Community Engagement (Note 11)	**160,000**	**20,964**	155,067
E-Health (Note 12)	**600,000**	**398,839**	541,725
ED LHIN Lead (Note 13)	-	**70,616**	71,651
Ontario Diabetes Strategy (Note 14)			
ODS Service Expansion	-	**66,500**	152,351
Aboriginal Health Transition (Note 16)	-	**312,504**	-
70% Full Time Nursing Initiative (Note 18)	-	-	36,333
	558,613,200	**573,114,066**	548,454,120
Annual surplus before funding repayable to the MOHLTC	-	**1,051,263**	472,798
Funding repayable to the MOHLTC (Note 3)	-	**(848,780)**	(417,798)
In year surplus recovered by MOHLTC (Note 3)	-	**(202,483)**	-
In year surplus recovered by MOHLTC transferred to LSSO	-	-	(55,000)
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

North West Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2010

	Budget (unaudited) (Note 8)	2010	2009
		$	$
Annual surplus	-	-	-
Prepaid expenses incurred	-	**(6,603)**	-
Acquisition of capital assets	-	**(92,693)**	(18,425)
Amortization of capital assets	-	**162,855**	182,536
Decrease in net debt	-	**63,559**	164,111
Opening net debt	-	**(169,775)**	(333,886)
Closing net debt	-	**(106,216)**	(169,775)

North West Local Health Integration Network

Statement of cash flows
year ended March 31, 2010

	2010	2009
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	**162,855**	182,536
Amortization of deferred capital contributions (Note 5)	**(162,855)**	(182,536)
	-	-
Changes in non-cash operating items		
Decrease (increase) in due from MOHLTC - HSPs transfer payments	**1,024,524**	(934,460)
Increase in due from MOHLTC - Internal LHIN Project Funding	**(90,000)**	-
Increase in accounts receivable - HNHB LHIN	**(12,057)**	-
Decrease in due from HSPs	**-**	107,730
Increase in accounts payable	**43,976**	314,044
(Decrease) increase in due to HSPs	**(1,024,524)**	826,730
Increase in due to MOHLTC	**692,738**	29,662
(Decrease) increase in due to LHIN Shared Services Office	**(30,308)**	23,514
Increase in prepaid expenses	**(6,603)**	-
	597,746	367,220
Capital investments		
Acquisition of capital assets	**(92,693)**	(18,425)
Financing transactions		
Increase in deferred capital contributions (Note 5)	**92,693**	18,425
Net increase in cash	**597,746**	367,220
Cash, beginning of year	**1,470,670**	1,103,450
Cash, end of year	**2,068,416**	1,470,670

North West Local Health Integration Network

Notes to the financial statements

March 31, 2010

1. Description of business

The North West Local Health Integration Network was incorporated by Letters Patent on June 16, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the "Act") as the North West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue with an equal amount of transfer payments to authorized Health Service Providers ("HSP") expensed in the LHIN's financial statements for the year ended March 31, 2010.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Districts of Thunder Bay, Rainy River and most of Kenora. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets and impairments in the value of assets.

Ministry of Health and Long-Term Care Funding

The LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Financial Activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Web development	3 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Segmented information

The LHIN was required to adopt Section PS 2700 - Segment Disclosures, for the fiscal year beginning April 1, 2007. A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of Financial Activities and within the related notes for both the prior and current year sufficiently disclose information for all appropriate segments and therefore no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Funding repayable to the MOHLTC

In accordance with the MLAA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

The amount repayable to the MOHLTC related to the current year activities is made up of the following components:

	Revenue	Expenses	2010 surplus	2009 surplus
	$	$	$	$
Transfer payments to HSPs	**567,492,550**	**567,492,550**	**-**	-
LHIN operations	**5,026,954**	**4,752,093**	**274,861**	128,550
Aboriginal Community Engagement	**160,000**	**20,964**	**139,036**	4,933
e-Health	**655,000**	**398,839**	**256,161**	58,275
ED LHIN Lead	**75,000**	**70,616**	**4,384**	3,349
Ontario Diabetes Strategy (ODS)				
ODS Service Expansion	**66,500**	**66,500**	**-**	72,349
ODS High Risk Populations	**54,500**	**-**	**54,500**	-
ODS Self-Management Capacity Buildin	**35,000**	**-**	**35,000**	-
ER/ALC Performance Lead	**100,000**	**-**	**100,000**	33,300
Aboriginal Health Transition	**422,125**	**312,504**	**109,621**	165,625
Francophone Community Engagement	**77,700**	**-**	**77,700**	-
70% Full-Time Nursing Initiative	**-**	**-**	**-**	6,417
	574,165,329	**573,114,066**	**1,051,263**	472,798

The amount due to the MOHLTC at March 31 is made up as follows:

	2010	2009
	$	$
Due to MOHLTC, beginning of year	**417,798**	388,136
Funding repaid to MOHLTC	**(6,417)**	(388,136)
Aboriginal Health Transition carryforward (Note 16)	**(149,625)**	-
Funding repayable to the MOHLTC related to current year activities	**1,051,263**	472,798
In year surplus recovered by MOHLTC	**(202,483)**	-
In year surplus recovered by MOHLTC transferred to the LSSO	**-**	(55,000)
Due to MOHLTC, end of year	**1,110,536**	417,798

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Network Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO and LHINC, on behalf of the LHINs are responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all LHINs.

5. Deferred capital contributions

	2010	2009
	$	$
Balance, beginning of year	**169,775**	333,886
Capital contributions received during the year	**92,693**	18,425
Amortization for the year	**(162,855)**	(182,536)
Balance, end of year	**99,613**	169,775

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment. The current building lease expires June 30, 2010 and therefore commitments for building lease beyond that date are not included below. The LHIN is currently negotiating a lease renewal for its building and it is anticipated the new lease will contain similar terms to the existing lease. Other lease renewals are also likely. Minimum lease payments due in each of the next five years as follows:

	$
2011	64,613
2012	20,244
2013	2,898
2014	2,387
2015	597
	90,739

The LHIN also has funding commitments to HSPs associated with accountability agreements. Minimum commitments to HSPs related to the next two years, based on the current accountability agreements, are as follows:

	$
2011	491,431,064
2012	907,024

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

7. Capital assets

			2010	2009
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Office furniture and fixtures	**272,382**	**237,087**	**35,295**	48,351
Computer equipment	**117,000**	**80,973**	**36,027**	20,957
Leasehold improvements	**517,545**	**489,420**	**28,125**	97,884
Web development	**7,250**	**7,084**	**166**	2,583
	914,177	**814,564**	**99,613**	169,775

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported in the Statement of Financial Activities reflect the initial budget. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $567,492,550 is derived as follows:

	$
Initial HSP funding budget	552,993,600
Adjustment due to announcements made during the year	14,498,950
Final HSP funding budget	567,492,550

The final LHIN budget excluding the HSP funding budget of $6,509,924 is derived as follows:

	$
Initial budget	5,619,600
Additional funding received during the year	
Stabilization increase for 2009/10	97,192
E-Health	55,000
ED LHIN Lead	75,000
Ontario Diabetes Strategy (ODS)	
ODS Service Expansion	66,500
ODS High Risk Populations	54,500
ODS Self-Management Capacity Building	35,000
ER/ALC Performance Lead	100,000
Aboriginal Health Transition	422,125
Francophone Community Engagement	77,700
Amount treated as capital contributions made during the year	(92,693)
Final budget	6,509,924

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $567,492,550 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in 2010 as follows:

	2010	2009
	$	$
Operation of hospitals	**397,171,734**	384,672,076
Health Infrastructure Renewal Fund	**3,691,453**	-
Grants to compensate for municipal taxation - public hospitals	**104,250**	104,250
Long term care homes	**61,503,112**	58,298,833
Community care access centres	**37,733,336**	35,552,976
Community support services	**12,283,665**	11,668,305
Acquired brain injury	**1,205,225**	1,025,159
Assisted living services in supportive housing	**5,230,389**	4,592,325
Community health centres	**7,155,135**	6,606,360
Community mental health program	**29,615,269**	28,764,744
Addictions program	**11,798,982**	11,353,137
	567,492,550	542,638,165

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2010, an amount of $555,356 (2009 - $1,579,880) was receivable from the MOHLTC, and $555,356 (2009 - $1,579,880) was payable to the HSPs. These amounts have been reflected as revenue and expenses in the Statement of financial activities and are included in the table above.

10. General and administrative expenses

The Statement of financial activities presents expenses by function. The following classifies general and administrative expenses by object:

	2010	2009
	$	$
Salaries and benefits	**3,117,354**	2,702,197
Occupancy	**191,212**	185,952
Amortization	**162,855**	182,536
Equipment and maintenance	**47,487**	63,512
Shared services	**362,714**	300,000
Public relations and community forums	**55,209**	103,501
Professional fees	**14,500**	14,500
Travel	**212,848**	284,222
Staff development and recruitment	**104,377**	165,032
Consulting services	**75,817**	442,054
LHIN collaborative	**12,286**	-
Supplies, printing and office	**111,337**	99,802
Other board member per diems	**58,705**	63,075
Board chair per diems	**43,610**	49,315
Other governance and travel costs	**113,005**	133,123
Mail, courier and telecommunications	**68,777**	106,340
	4,752,093	4,895,161

11. Aboriginal Community Engagement

The Mini stry of Health and Long-Term Care provided $160,000 (2009 - $160,000) in additional base operational funding which was annualized for the purposes of engaging the Aboriginal population and organizations in the North West LHIN. During 2010, $20,964 (2009 - $155,067) of expenses were incurred.

12. E-Health

The E-Health office of the Ministry of Health and Long-Term Care provided $655,000 (2009 - $600,000) to the LHIN. The funds were used to cover the operational and project costs associated with the LHIN Project Management Office infrastructure and E-Health Ontario activities. During the year, $398,839 (2009 - $541,725) of expenses were incurred.

13. Emergency Department LHIN Lead

The Ministry of Health and Long-Term Care provided $75,000 (2009 - $75,000) in one-time funding to support the compensation of the North West LHIN Emergency Department (ED) LHIN Lead. During the year, $70,616 of expenses were incurred (2009 - $71,651).

14. Ontario Diabetes Strategy ("ODS")

ODS Service Expansion

The LHIN received one-time funding from the Ministry of Health and Long-Term Care to continue planning for the implementation of Diabetes Teams. The funding allocation for fiscal year 2010 was $66,500 (2009 - $224,700). During the year, $66,500 (2009 - $152,351) of expenses were incurred.

ODS High Risk Populations

Additional one-time funding was provided to the LHIN for the High Risk Populations project. The funding allocation for fiscal year 2010 was $54,500 (2009 - $0). During the year, no expenses were incurred (2009 - $0).

ODS Self-management Capacity Building

Additional one-time funding was provided to the LHIN to support the implementation of the Self-Management Capacity Building Initiative. The funding allocation for fiscal year 2010 was $35,000 (2009 - $0). During the year, no expenses were incurred (2009 - $0).

15. ER/ALC Performance Lead

The Ministry of Health and Long-Term Care provided one-time funding in the amount of $100,000 (2009 - $33,300) to support the compensation of the LHIN ER/ALC Performance Lead in 2009/10. During the year, no expenses were incurred (2009 – $0).

16. Aboriginal Health Transition

The Ministry of Health and Long-Term Care approved a one-time funding amount of $438,125 over two fiscal years (2009 and 2010). The funding allocation for fiscal year 2009 was $165,625 of which $149,625 was carried over into 2010. An additional $272,500 in one-time funding was provided in fiscal year 2010 for a total of $422,125. In the fiscal 2010 year $312,504 of expenses were incurred (2009 - $0) in support of two Aboriginal Health Transition Fund Adaptation Projects. The projects include the development of a Mental Health and Addictions Strategy and an Environmental Scan of Aboriginal Health Services and Programs.

17. Francophone Community Engagement

The Ministry of Health and Long-Term Care approved one-time funding of $77,700 (2009 - $0) to support the LHIN in its Francophone Community Engagement activities. During the year, no expenses were incurred (2009 - $0).

18. 70% Full-Time Nursing Initiative

The Ministry of Health and Long-Term Care provided one-time funding in the amount of $42,750 in the 2009 fiscal year for the development of a nursing health human resource planning strategy. This funding was discontinued in 2010 and there were no expenses incurred (2009 - $36,333).

19. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 24 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2010 was $265,961 (2009 - $214,987) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan in December 31, 2009. At that time, the plan was fully funded.

20. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

21. Comparative figures

Certain of the prior year's comparative amounts have been reclassified to conform with the presentation adopted by the current year.

North West Local Health Integration Network

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